Variable Annuity - Aetna Life Ins. Co.

FORM 20-3 U.S.A.

1	1 1	Balance Forward						26511.97	1
2		Contract	Shares	Value 12/29/78					2
3		20042	464.896	8248.54					3
4		50186	369.938	6563.72					4
5		29666	659.408	11699.71					5
6			1494.242	26511.97					6
7	5 8	Transfers to fixed account:							7
8		20042	380.081	8637.91					8
9		29666	539.107	12252.01					9
10		50186	302.447	6873.56	§37	125151		2776348	10
11	12 31	Interest 5/8 to 12/31			§96	142265		2918613	11
12	1980								12
13	2 13	Partial Surrender # 50186			§11		500000	2418613	13
14	12 31	Increase in value			§105	218532		2637145	14
15		Contract	Shares	Value					15
16		50186	94.651	2462.01					16
17		29666	539.107	14022.97					17
18		20042	380.081	9866.47					18
19	1981								19
20	5 6	Partial surrender			§81-36		500000	2137145	20
21	5 6	adjustment to date			§81-37	75888		2213033	21
22	12 31	" " "			§81-102	139713		2352746	22
23									23
24	1982								24
25	1 1	Adj. for Annuity settlement							25
26		1407.87 quarterly for 5 years			§9	462994		2815740	26
27	1 1	Payment No. 1 received			§8		140787	2674953	27
28	3 31	" No. 2 "			§26		140787	2534166	28
29	7 13	" No 3 "			§65		140787	2393379	29
30	9 30	" No 4 "			§98		140787	2252592	30
31									31
32	1983								32
33	1 5	Payment No. 5 "			§144		140787	2111805	33
34	5 31	Payment # 6			§187		140787	1971018	34
35	7 6	Payment # 7			§200		140787	1830231	35
36	10 12	Payment # 8			§233		140787	1689444	36

	1984								
1	10	3	Farward					1689444	1
2	1	31		#9	227	~~140787~~	140787	1548657	2
3	4	23		#10			140787	1407869	3
4	7	2		#11			140787	1267084	4
5	10	2		#12			140787	1126295	5
6	1			#13			140787	985508	6
7	4	4		#14			140787	844721	7
8	7	8	1985	#15			140787	703934	8
9	10			#16			140787	563147	9
10	1			#17			140787	422360	10
11	4			#18			140787	281873	11
12	7		1986	#19			140787	141086	12
13	10			#20			140787	299	13
14	1							~~0~~	14
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Personal Financial Security Division
151 Farmington Avenue
Hartford, CT 06156
(203) 273-0123

April 25, 1984

Verna Huber
4208 218th E.
Sumner, WA. 98390

Dear Mrs. Huber;

RE: Ætna ID C4041

In accordance with the provisions of Contract No.'s 50186, 20042 and 29666 and as designated beneficiary, you have elected to continue receiving payments on a fixed basis.

The enclosed check represents your annuity payment for the month of April in the amount of $1,407.87. You will receive future payments of $1,407.87 on approximately the fourth business day of each July, October, January and April.

If you have any questions regarding your annuity payments, please contact me.

Sincerely,

Mary Mumford

Mary Mumford, Supervisor
APA/Contract Section, A317
ÆTNA LIFE INSURANCE AND ANNUITY COMPANY
(203) 273-6866
Enc.
sr

cc: PACIFIC N.W. BRANCH/SEA
Attn: Mari Ribovick

ÆTNA LIFE INSURANCE COMPANY

HARTFORD 15, CONN.

RECEIPT FOR PAYMENT ON POLICY LOAN

AS SHOWN BELOW

A J Moody
Asst. Secretary

INSURED
W L HUBER

DATE OF PAYMENT
JULY 27 1954

AGENCY
TAC

POLICY NUMBER	BALANCE BEFORE PAYMENT	PAID ON PRINCIPAL	BALANCE AFTER PAYMENT	INTEREST PAID	DATE RECORDED AT HOME OFFICE		AGENCY CODE
N.1 208,989	925.00	25.00	900.00		9 AUG 54	5476	68

Walter Ludwig Huber
1514 South Adams St.
Tacoma 6, Washington

(34030-A)

(OVER)

Any Check, Bank Draft or Money Order given in exchange for this receipt shall not be considered payment on the Policy Loan indebtedness for which this receipt is issued unless such Check, Draft or Money Order is actually paid to the Company in Cash on presentment in due course of business.

8419
16838

841.90
168.38
101028

1970
1959
11

Printed in U. S. A.

ÆTNA LIFE INSURANCE COMPANY

HARTFORD 15, CONN.

RECEIPT FOR PAYMENT ON POLICY LOAN

AS SHOWN BELOW

A J Moody
Asst. Secretary

INSURED	DATE OF PAYMENT	AGENCY
W L HUBER	MAY 10 1954	TAC

POLICY NUMBER	BALANCE BEFORE PAYMENT	PAID ON PRINCIPAL	BALANCE AFTER PAYMENT	INTEREST PAID	DATE RECORDED AT HOME OFFICE		AGENCY CODE
N .1208,989	975.00	25.00	950.00		19MAY54	57.00	68

Mr. Walter Ludwig Huber
1514 South Adams St.
Tacoma 6, Washington

1970
1928
42

42
22
84
84
924

(34030-A)

(OVER)

Any Check, Bank Draft or Money Order given in exchange for this receipt shall not be considered payment on the Policy Loan indebtedness for which this receipt is issued unless such Check, Draft or Money Order is actually paid to the Company in Cash on presentment in due course of business.

Printed in U. S. A.

ÆTNA LIFE INSURANCE COMPANY

HARTFORD 15, CONN.

RECEIPT FOR PAYMENT ON POLICY LOAN

AS SHOWN BELOW

A J Moody

Asst. Secretary

INSURED: W L HUBER

DATE OF PAYMENT: JUNE 8 1954

AGENCY: TAC

POLICY NUMBER	BALANCE BEFORE PAYMENT	PAID ON PRINCIPAL	BALANCE AFTER PAYMENT	INTEREST PAID	DATE RECORDED AT HOME OFFICE		AGENCY CODE
N.1208,989	950.00	25.00	925.00		16 JUN 54	55.78	68

Walter Ludwig Huber
1514 South Adams Street
Tacoma 6, Washington

(34030 - A)

(OVER)

Any Check, Bank Draft or Money Order given in exchange for this receipt shall not be considered payment on the Policy Loan indebtedness for which this receipt is issued unless such Check, Draft or Money Order is actually paid to the Company in Cash on presentment in due course of business.

Printed in U. S. A.

ÆTNA LIFE INSURANCE COMPANY

HARTFORD 15, CONNECTICUT

Aug. 15, 1950

Walter Ludwig Huber
1514 S. Adams
Tacoma 6, Wash.

Dear Sir:-

In accordance with a Loan Agreement signed by you, a loan has this date been granted as shown by statement below.

Yours truly,

Policy Loan Division

STATEMENT OF POLICY LOAN

Policy Number	New Loan	DEDUCTIONS					Net Proceeds Check Enclosed
		Previous Loan	Automatic Prem. Loan	Accrued Interest	Interest to Policy Anniv.	Premium Deducted	
N 1208989	1000.-	200.-		6.88			793.12

STATEMENT OF PREMIUM PAID BY POLICY LOAN

Policy Number	Premium	Due Date of Premium	Dividend Applied	Partial Payment	Interest on Premium	Net Premium	

CC: P. M. Snider, Tacoma, Wash.

(32688)

ÆTNA LIFE INSURANCE COMPANY

HARTFORD 15, CONNECTICUT

Aug. 15, 1930

"Walter Ludwig Huber
1914 S. Adams"
Tacoma 6, Wash.

Dear Sir:-

In accordance with a Loan Agreement signed by you, a
loan has this date been granted as shown by statement below.

Yours truly,

Policy Loan Division

STATEMENT OF POLICY LOAN

Policy Number	New Loan	Previous Loan	DEDUCTIONS			Premium Deducted	Net Proceeds Check Enclosed
			Automatic Prem. Loan	Accrued Interest	Interest to Policy Anniv.		
N 1206989	1000.-	200.-		6.88			793.12

STATEMENT OF PREMIUM PAID BY POLICY LOAN

Policy Number	Premium	Due Date of Premium	Dividend Applied	Partial Payment	Interest on Premium	Net Premium

CC: P. M. Snider, Tacoma, Wash.

Ætna
LIFE & CASUALTY

SURRENDER/PARTIAL SURRENDER

151 Farmington Avenue, Hartford, Connecticut 06156

Walter Huber
4208 218th E
Sumner, WA 98390

Name			Date
Walter Huber			5-4-81
Billing Group Number	Account Number	Check Number	Check Amount
C4041	29666	228963	$5,000.00

Your request for surrender (or partial surrender) of the above-referenced account has been processed. In accordance with your request, our check in the amount of the surrender proceeds

__X__ is enclosed.

_____ has been sent to our local representative for delivery.

It has been a pleasure to serve you. If we may be of service in the future, please contact our local representative or write to the Company at the above address.

Sincerely,

Louise Fontaine

Louise Fontaine
Supervisor
Accounting & Control, A209
Ætna Life Insurance and Annuity Company

cc: General Agent

Anderson Agency Seattle, WA

CAT. 513458
PRINTED IN U.S.A.

Release of Assignment of Life Insurance Policy

FOR VALUE RECEIVED, The undersigned hereby releases and relinquishes all of its right, title and interest of whatsoever kind or nature in and to policy No. N 1 208 989 issued by Aetna Life Insurance Company on the life of Walter Ludwig Huber

Dated at Tacoma, Washington, this 15th day of April, 1949

THE PUGET SOUND NATIONAL BANK OF TACOMA

By C.D. Ogden
Vice President

By C.H. Burrows
Asst. Cashier

WITNESSES:

A duplicate of this instrument has been filed at the Home Office of the Company. The Company does not assume any responsibility for its validity.
Hartford, Conn. Apl 27 1949
AETNA LIFE INSURANCE COMPANY
L. O. KINNE, Assistant Secretary

STATE OF WASHINGTON }
COUNTY OF PIERCE } ss.

On this 15th day of April, 1949, before me personally appeared C.D. Ogden and C.H. Burrows to me known to be Vice President and Asst. Cashier, respectively, of the PUGET SOUND NATIONAL BANK OF TACOMA, the corporation that executed the within and foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that they were authorized to execute said instrument and that the seal affixed is the corporate seal of said corporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

Dulton Hayward

Notary Public in and for the State of Washington, residing at Tacoma.

THROUGH: P. M. Snider, General Agent
Tacoma, Washington

Insured Walter Ludwig Huber *Policy Number* 1209989 *Date* 4/27/49/

Walter L. Huber

Dear Sir:

A release of the assignment dated April 15, 1947 affecting this insurance has been filed at the Home Office of this Company. Therefore, if notices of premiums due are required under this insurance, they will no longer be sent to the former assignee. We enclose the original release.

ÆTNA LIFE INSURANCE COMPANY
POLICY TITLE DIVISION
HARTFORD 15, CONNECTICUT

RAW
mg

CC: The Puget Sound National Bank (former assignee)
Tacoma 1, Washington

(31193-C)

Note:—Be sure to fill in address to which check should be mailed.

For Home Office Use

Amount of Loan 1000.—

Date granted AUG 26 1949

LOAN AGREEMENT

Policy No. N-1208989 issued by ÆTNA LIFE INSURANCE COMPANY.

Insured Walter Ludwig Huber

In consideration of a loan to be granted in accordance with the terms of the above-numbered policy in the sum of One Thousand Dollars,

or in a sum equal to the maximum amount for which a loan may be made under this policy, if less,

I hereby pledge, transfer, and set over unto ÆTNA LIFE INSURANCE COMPANY of Hartford, Connecticut, all right, title and interest in said policy together with all money that may become payable thereunder, as sole security for such loan and interest thereon.

Said loan shall bear interest at the rate of six per cent per annum from the date the loan is granted and charged on the books of the Company. Interest shall accrue from day to day and shall be due and payable at the end of each policy year or at the time of any prior settlement. If any interest is not paid when due it shall be added to the principal and bear interest on the same terms.

If there is any previous loan indebtedness against this policy, I hereby authorize and request that said indebtedness, including accrued interest thereon, be paid by deduction from the proceeds of this loan.

All payments hereon, whether of principal or interest, shall be made at the Home Office of said Company in Hartford, Connecticut, or to an agent of said Company whose authority for receiving such payments shall be the possession of this agreement or a receipt signed by an executive officer of said Company.

I certify that said policy is not now assigned or transferred to any person or party except as indicated herein:

M-1208989

I request that a check for the net proceeds, if any, of this loan be sent to the following address:

1514 So. Adams, Tacoma 6, Wn.

This request does not change any address record at the Home Office for said policy.

Witness my hand and seal at Tacoma State of Wash.

this 24 day of August 1949

L. J. Schwanauer
Witness to opposite signature

Walter Ludwig Huber (L. S.)
Sign full name

Witness to opposite signature

(L. S.)
Sign full name

Form 4444-6 Ed. June, 1946.
For Pols. issued between June, 1907 and Jan. 1, 1939.

Printed in U. S. A.

Note:—Be sure to fill in address to which check should be mailed.

For Home Office Use

Amount of Loan .....

Date granted AUG 28 1942

LOAN AGREEMENT

Policy No. N-1208989 issued by ÆTNA LIFE INSURANCE COMPANY.

Insured Walter Ludwig Huber

In consideration of a loan to be granted in accordance with the terms of the above-numbered policy in the sum of

..... Dollars,

or in a sum equal to the maximum amount for which a loan may be made under this policy, if less,

I hereby pledge, transfer, and set over unto ÆTNA LIFE INSURANCE COMPANY of Hartford, Connecticut, all right, title and interest in said policy together with all money that may become payable thereunder, as collateral security for such loan and interest thereon.

Said loan shall bear interest at the rate of six per cent per annum from the date the loan is granted and charged on the books of the Company. Interest shall accrue from day to day and shall be due and payable at the end of each policy year or at the time of any prior settlement. If any interest is not paid when due it shall be added to the principal and bear interest on the same terms.

If there is any previous loan indebtedness against this policy, I hereby authorize and request that said indebtedness, including accrued interest thereon, be paid by deduction from the proceeds of this loan.

All payments hereon, whether of principal or interest, shall be made at the Home Office of said Company in Hartford, Connecticut, or to an agent of said Company whose authority for receiving such payments shall be the possession of this agreement or a receipt signed by an executive officer of said Company.

I certify that said policy is not now assigned or transferred to any person or party except as indicated herein:

.....

.....

I request that a check for the net proceeds, if any, of this loan be sent to the following address:

1514 So. Orleans, Chicago, Ill.

This request does not change any address record at the Home Office for said policy.

Witness my hand and seal at Tacoma State of Wash.

this 24 day of August 19 42

Walter Ludwig Huber (L. S.)

Witness to opposite signature — Sign full name

..... (L. S.)

Witness to opposite signature — Sign full name

Form 4444-S Rd. June, 1942.
For Pols. issued between June, 1907 and Jan. 1, 1929.

Printed in U. S. A.

N-1208989

Ætna
LIFE & CASUALTY

Life Division
Suite 633 — Tacoma Mall Office Bldg.
Tacoma, Washington 98409
Telephone: (206) 475-5600

Burnley H. Wilson
General Agent

April 22, 1971

Mr. Walter L. Huber
2123 North Winnifred Place
Tacoma, Washington 98406

Dear Mr. Huber:

RE: POLICY NO. N 1 208 989

Enclosed please find our Company check in the amount of $5,508.00 payable to you issued in full settlement for the above-numbered matured policy.

We appreciate your patronage through the years.

Sincerely,

Priscilla Leach

Mrs. Priscilla Leach
Policyholders Service Dept.

Enc.

Through: Tacoma Life Agency

Ætna
LIFE & CASUALTY

151 Farmington Avenue
Hartford, Connecticut 06115

Date: April 30, 1971

Mr. Walter L. Huber
2123 North Winnifred Place
Tacoma, Washington

Policy: N-1208989
Insured: Walter L. Huber
Year of maturity or surrender: 1971
Owner of policy:
(If other than insured)

The following shows the amount of profit under this policy which we calculate will be includable in gross income for Federal income tax purposes for the year of maturity or surrender. This information is based on the assumption that the ownership of this policy was never transferred for a valuable consideration. If there was a sale of this policy the payee may have a special cost basis and should consult his own attorney or tax advisor on this matter.

Maturity or surrender value (including value of paid-up additions, if any)	$ 5,508.00
Cost for income tax purposes	4,192.72
Profit	$ 1,315.28

The cost as shown above represents the total premiums paid, less any dividends allowed and excluding any charges for disability and additional indemnity benefits, and with any other adjustments required according to our understanding of the Law and Regulations. This figure is for tax purposes only and is not necessarily equal to the gross premiums paid.

The amount of profit includable in gross income is not affected by the fact that:
(a) A part of the maturity or surrender value may be applied to repay indebtedness to the Company.
(b) A final dividend or accumulated dividends may be paid with the maturity or surrender value.
(c) The proceeds may be left with the company at interest, subject to withdrawal.

If dividends have been left with the Company to accumulate, the interest credited to the accumulated dividends is includable in gross income for the year in which credited. The interest credited for the year of maturity or surrender is $ _____

While we are pleased to furnish whatever information we can concerning the taxable status of our contracts, we assume no liability for any such information.

Very truly yours,

TAX AND PENSION TRUST SECTION
POLICYHOLDERS SERVICE DEPARTMENT

(MU-10439) ED. 8-70

PRINTED IN U. S. A.

Through: Tacoma Life Agency

151 Farmington Avenue
Hartford, Connecticut 06115

Date: April 30, 1971

Mr. Walter L. Huber
2123 North Winnifred Place
Tacoma, Washington

Policy: N-1208989
Insured: Walter L. Huber
Year of maturity or surrender: 1971
Owner of policy:
(If other than insured)

The following shows the amount of profit under this policy which we calculate will be includable in gross income for Federal income tax purposes for the year of maturity or surrender. This information is based on the assumption that the ownership of this policy was never transferred for a valuable consideration. If there was a sale of this policy the payee may have a special cost basis and should consult his own attorney or tax advisor on this matter.

Maturity or surrender value (including value of paid-up additions, if any)	$ 5,508.00
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Profit	$ 1,315.28

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The amount of profit includable in gross income is not affected by the fact that:
(a) A part of the maturity or surrender value may be applied to repay indebtedness to the Company.
(b) A final dividend or accumulated dividends may be paid with the maturity or surrender value.
(c) The proceeds may be left with the company at interest, subject to withdrawal.

If dividends have been left with the Company to accumulate, the interest credited to the accumulated dividends is includable in gross income for the year in which credited. The interest credited for the year of maturity or surrender is $ _____

While we are pleased to furnish whatever information we can concerning the taxable status of our contracts, we assume no liability for any such information.

Very truly yours,

TAX AND PENSION TRUST SECTION
POLICYHOLDERS SERVICE DEPARTMENT

PRINTED IN U.S.A.

Aetna Life Insurance Company/The Aetna Casualty and Surety Company

TRANSAMERICA
RETIREMENT SERVICES

Transamerica Retirement Services
P.O. Box 30206
Los Angeles, CA 90099-0206

February, 2006

VERNA LOUISE HUBER
130351 STATE ROUTE 26
COLFAX WA 99111

RE: Group Annuity Contract Number: 911352172

ANNUAL NOTICE OF RIGHT TO CHANGE
OR REVOKE YOUR WITHHOLDING ELECTION

Dear Participant:

As you know, your pension payments are taxable (in whole or in part). For 2006, if your pension payments exceed $17,760 a year ($1,480 a month),they are subject to withholding of federal (and state, if applicable) income tax, unless you elect not to have tax withheld. This election can be made by sending us a Form W-4P Election Form.

If your pension benefit is less than the amounts shown above, you do NOT have to make a withholding election.

If you elected to have income tax withheld from your pension payments, please note that the withholding amount in 2006 will be based on the updated withholding tables. Therefore, in certain cases, there may be a slight difference in the actual amount of pension payments as a result.

Whether or not you elected to have income tax withheld, Transamerica is providin you this annual reminder that you can change or revoke your existing withholding election at any time by sending a new Form W-4P Election Form to this Office. Copies of the form may be obtained from your local IRS office or by writing to us at the following address:

Transamerica Retirement Services
Group Annuities Department
P.O.Box 30206
Los Angeles, CA 90030-0206

If you contact us, please reference your Group Annuity Contract Number and include your Social Security Number.

Please keep in mind that there are penalties for not paying enough income tax during the year through withholding or estimated tax payments. So this is the time to reconsider your existing withholding election.

IF YOU DO NOT WISH TO CHANGE YOUR EXISTING WITHHOLDING ELECTION,
YOU NEED TAKE NO ACTION

TRANSAMERICA
LIFE INSURANCE COMPANY

Transamerica Life Insurance Company
4333 Edgewood Road NE
PO Box 3183
Cedar Rapids, IA 52406-3183

November 11, 2008

VERNA LOUISE HUBER
130351 STATE ROUTE 26
COLFAX WA 99111

RE: 04733145

Dear Valued Customer:

We are pleased to announce the merger of Transamerica Occidental Life Insurance Company with an affiliated AEGON company, Transamerica Life Insurance Company, on October 1, 2008.

Enclosed you will find a MERGER ENDORSEMENT, which reflects the change. Please attach the Merger Endorsement to your insurance policy or certificate. There is nothing more you need to do - your insurance features and benefits do not change.

When we correspond with you about your insurance policy or certificate in the future, we will refer to Transamerica Life Insurance Company. Please note that you can continue to contact us at the same service center, address and telephone number as you have in the past.

If you have any questions about this change or the Merger Endorsement, please call our Customer Service Center at 1-866-865-2935. We are available Monday through Thursday 7:30 AM - 5:00 PM and Friday 7:30 AM - 4:30 PM. We appreciate your business and look forward to continuing to serve you in the future.

Sincerely,

Brenda Clancy

Brenda Clancy
President, Transamerica Life Insurance Company

IMPORTANT NOTICE

This Endorsement forms a part of your Transamerica Occidental Life Insurance Company policy/contract/certificate or agreement. As a policy owner, contract owner, certificate owner, agreement holder or insured (Owner), you should attach this Endorsement to your policy/contract/certificate or agreement.

MERGER ENDORSEMENT

This Is To Certify That:

TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY
HOME OFFICE: CEDAR RAPIDS, IOWA

Has Merged Into:

TRANSAMERICA LIFE INSURANCE COMPANY
HOME OFFICE: CEDAR RAPIDS, IOWA

As of the effective date shown below, all Owners of coverage issued by Transamerica Occidental Life Insurance Company became Owners of coverage under Transamerica Life Insurance Company.

The Merger was completed upon approval of the Insurance Department of the State of Iowa.

All obligations of Transamerica Occidental Life Insurance Company are now provided by Transamerica Life Insurance Company.

All references to Transamerica Occidental Life Insurance Company are replaced with Transamerica Life Insurance Company. The terms "We", "Us", "Our" or "Company" mean Transamerica Life Insurance Company. All other benefits, terms and conditions will not change.

You should make any future premium payments to Transamerica Life Insurance Company and send all claims or benefit requests to Transamerica Life Insurance Company.

IN WITNESS WHEREOF, Transamerica Life Insurance Company has caused this Endorsement to be executed as of the effective date. The effective date of the merger is October 1, 2008.

Signed for us at our Home Office:

TRANSAMERICA LIFE INSURANCE COMPANY
4333 EDGEWOOD ROAD N.E.
CEDAR RAPIDS, IOWA 52499

(866) 865 - 2935

Craig D. Vermie — **SECRETARY**

Brenda Clancy — **PRESIDENT**

Merge TOLIC-TLIC 10/08

Policy	Invested	Mo. Payment
5239216	10563.91	69.46
4873226	12247.47	70.39
4733145	29,674.24	175.36
		315.21

Elect

JAY

MENSONIDES

STATE REP.

District 25 — Pos. 1

Paid and authorized by the Citizens for Jay Mensonides

Ron Crowe, Chairman

★ C 526

Nina

~~Joyce Kramer~~

Nina Kramer

(213) ~~742-3837~~

742-2441

~~will call back~~

Form to be mailed out

Fri 3/16 or Monday

need Death certificate

DEPOSITED WITH

Puget Sound National Bank

DEPOSITS ACCEPTED SUBJECT TO THE RULES AND REGULATIONS OF THIS BANK

DATE 1-2-75	DOLLARS	CENTS
CURRENCY		
SILVER		
CHECKS		
16-143	315	21

24575
6946
31521

Duplicate
[illegible]

#4733145

ACCOUNT NAME Walter L. or Verna Louise Huber

ACCOUNT NUMBER 04 - 513 - 693

Form 00-002 Rev. 8-73

TOTAL DEPOSIT $ 315 21

CURRENCY COUNT			
	X	$	$
	X		
	X	100	
	X	50	
	X	20	
	X	10	
	X	5	
	X	2	
	X	1	
CURRENCY ONLY			$

TRANSAMERICA
LIFE COMPANIES

Transamerica Center
1150 South Olive
Los Angeles, CA 90015-2211

Mailing Address
P.O. Box 2101
Los Angeles, CA 90051-0101

January 23, 1991

Verna Louise Huber
144 McLaughlin Road
Chehalis, WA 98532

Policy No. 4733145
Claim No. 195184

3783

Dear Mrs. Huber:

This is in reference to your letter dated January 8, 1991.

Commencing with your February 1, 1991 payment, all future check will be mailed to Security State Bank. I assure you this will be done.

Please accept my sincere apology for any inconvenience we may have caused.

Sincerely,

Nina Brooks

Nina Brooks
Accounting Technician I
Policy Loan & Surrender Department
(213) 741-7449

NB:je

J. H. receives the W2

2025
742 2025
1-213-742-2111
Nina

Transamerica
Life Companies

Transamerica Center
1150 South Olive
Los Angeles, CA 90015-2211

Mailing Address
P.O. Box 2101
Los Angeles, CA 90051-0101

February 26, 1990

Verna L. Huber
4208 218th Ave E
Sumner WA 98390

Policy No. 5239216

Dear Mrs. Huber:

It has been brought to our attention that you may want your monthly income checks deposited directly into your bank account.

We have taken the liberty to enclosed a Bank authorization form to be completed by you and an officer of your bank. If your desire is direct deposit, please return the Home office copy to us for recording. The remaining forms should be retained by each individual noted on the bottom of the forms.

Once this has been received in our office and recorded, your monthly income checks will be sent to your bank for deposit.

If you have any questions, please let us know.

Sincerely,

Patricia Matthews

Patricia Matthews
Administrative Assistant
Policy Loan and Surrender Department
(213) 741-7449

file B 3200300-01

AUTHORIZATION

TO TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY:

I hereby authorize and direct Transamerica Occidental Life Insurance Company to draw all checks for future Monthly payments due me as Payee under policy Number 5239216 to the order of X Puget Sound Bank (Bank) for deposit to my account # 0004513693.

Any checks so drawn are to be mailed directly to said Bank.

If any such payments shall have been made, the due date of which is subsequent to my death, I hereby authorize and direct said Bank to refund the amount of such overpayment to Transamerica Occidental Life Insurance Company and to charge the same to my account.

I reserve the right to revoke this Authorization by filing a written notice to that effect with Transamerica Occidental Life Insurance Company at its Home Office in Los Angeles.

Signed at X Puget Sound Bank on March 7, 19 90.

X Debra J. Thieme
Witness

X Verna L Huber
Payee Verna L. Huber

X 21201 Hwy 410 E.
Bonney Lake, Wa 98390
Address of Witness

532-34-0754
Payee's Social Security or Tax Account Number

AGREEMENT

We have noted the above authorization, and subject to the conditions hereinafter set forth, we shall agree to refund to Transamerica Occidental Life Insurance Company, within 30 days after receipt of its written demand therefor, any payments received by us from it to which the payee shall not actually be entitled by reason of his/her death prior to the due date of any such payment.

Such refund will be made by us provided such payments, or their equivalent in collected funds, remain in the payee's account with us, that no adverse or conflicting claims thereto shall have been received by us prior to the expiration of said 30-day period, that all governmental statutes, regulations and rulings appertaining thereto shall have been complied with, and that in any event, the amount of such refund shall be limited to the balance in said account on the date refund is made.

Signed at X on 3/8, 1990.

X Puget Sound Bank
Name of Bank

X Bonney Lake, 21201 Hwy 410
Address of Bank

By X [signature] Asst Mgr
Signature of Officer

RECEIVED MAR 1 1990

TFM-967 Ed. 5-81

PARTICIPANT'S COPY

RECEIVED
MAR 14 1990
Policy Accounting
Customer Service

TRANSAMERICA
LIFE COMPANIES

Transamerica Center
1150 South Olive
Los Angeles, CA 90015-2211

Mailing Address
P.O. Box 2101
Los Angeles, CA 90051-0101

March 23, 1990

Mrs. Verna Louise Huber
4208 218th Avenue East
Sumner, WA 98390

Policy Nos. 4733145, 4873226
5239216
Claim No. 195184

Dear Mrs. Huber:

Thank you for returning the form.

Our records have been changed. Commencing with the payment due May 1, 1990, all future checks will be made payable as requested.

Sincerely,

Nina Brooks

Nina Brooks
Accounting Technician I
Policy Loan & Surrender Department
(213) 741-7449

NB:emi

P.S. Enclosed is the participant's copy of the bank authorization form for your records. The bank's copy was sent to your bank.

Transamerica Occidental Life Insurance Company
Transamerica Center
1150 South Olive
Los Angeles, California 90015
(213) 742-2111

Mailing Address
Box 2101 Terminal Annex
Los Angeles, California 90051

Official Insurer of the 1984 Olympics

Transamerica Occidental Life

April 23, 1984

Mrs. Verna Louise Huber
4208 218th East
Sumner, Washington 98390

Walter Huber
Policy Nos. 4733145, 4873226 &
5239216
Claim No. 195184 PT

Dear Mrs. Huber:

This claim has been set up for continuation of the monthly payments under the above policies.

Enclosed is the check for the payments due April 1, 1984.

Future monthly payments will be sent to you as they become due.

Sincerely,

P. Tuchscherer

Pauline Tuchscherer
Individual Life Claims Department
(213) 742-2439

PT:do

$315.21 per mo for life - Verna

For remainder of Verna's life.

ck rcid 4/25/84
#19348959

315.21
12
63043
31521
378253

Transamerica
Occidental Life

Transamerica Occidental
Life Insurance Company
Transamerica Center
1150 South Olive
Los Angeles, California 90015
(213) 742-2111

Mailing Address
Box 2101 Terminal Annex
Los Angeles, California 90051

April 12, 1984

Mrs. Verna Louise Huber
4208 218th East
Summer, Washington 98390

Walter Huber
Policy No: 4733145, 4873226
& 5239216
Claim No: 195184PT

Dear Mrs. Huber:

This is to let you know that your claim forms have been received. We are presently setting up our records to have the monthly payments continued to you.

You will hear from us shortly.

Sincerely,

P Tuchscherer

Pauline Tuchscherer
Individual Life Claims Department
(213) 742-2439

PT:mj

Transamerica
Occidental Life

Transamerica Occidental
Life Insurance Company
Transamerica Center
1150 South Olive
Los Angeles, California 90015
(213) 742-2111

Mailing Address
Box 2101 Terminal Annex
Los Angeles, California 90051

March 26, 1984

Mrs. Verna L. Huber
4208 218 St. East
Summer, Washington 98390

Walter Huber
Policy No: 4733145, 4873226
& 5239216
Claim No: 195184 PT

Dear Mrs. Huber:

We are sorry to learn of the death of your husband.

The annuity payments of these policies will be continued to you during your lifetime.

Enclosed are our claim forms for completion by you. Please follow the instructions on the reverse side of the Claimant's Statement so the claim requirements will be complete and prevent delay in the settlement of the claim.

We will need a certified copy of Walter's death certificate.

Enclosed is a booklet which may be helpful to you in settling your business affairs at this time.

Your claim will have our further attention as soon as we receive the completed requirements.

Sincerely,

P. Tuchscherer

Pauline Tuchscherer
Individual Life Claims Department
(213) 742-2439

PT:vr

Trans America
1-800-821-9090

Pension Group
Payers # 95-1060502
Recipients # 910-43-5080

Verna S.S. # 532 32 0754
Individual Life annuity

Monthly Income $315.21
Yearly Income $3783.

~~315~~ 21 for "life"

O.K. Now
7/1/95
Full amt.
taxable
3783. yearly

Occidental Center, Hill and Olive at 12th Street, Los Angeles, California
Mailing Address: Box 2101, Los Angeles, CA 90054
Phone: (213) 748-8111

A Member of Transamerica Corporation

Occidental Life
of California

RECEIVED
DEC 30 1974
TACOMA GENERAL HOSPITAL
EXECUTIVE OFFICE

December 26, 1974

Tacoma General Hospital
315 South K Street
Tacoma, Washington

Annuity Contract No. 5239216
Walter L. & Verna Louise Huber, Annuitants

Gentlemen:

The Federal Income Tax Service requires that you report part of your payments under this contract each year as income.

As a service to you, the following statement has been prepared to help you complete your tax return. It shows the amount of income that is taxable.

	19 75	Following Years
Investment		10,563.91
Expected Return		19,337.66
Per Cent Excluded		54.6
Annual Income	833.52	833.52
Excluded Income	455.10	455.10
Taxable Income	378.42	378.42

Monthly
6946

The Per Cent Excluded can be used as long as current Government regulations and the terms of your contract remain the same.

Please check these figures carefully when you report your income. We have every reason to believe that they are correct. We hope you will understand that we are not responsible if an error has occurred. We suggest that you attach this letter to your contract.

The investment figure shown above does not include premiums paid for incidental benefits such as Accident Indemnity, Waiver of Premium and Disability Monthly Income. This is in keeping with Federal Income Tax regulations. Furthermore, there is a required reduction in the investment for the value of any refund feature contained in the annuity. Therefore, the investment may not be equal to the amount of total premiums paid.

If your State has an income tax law, consult the nearest State Income Tax Office. Your attorney or tax consultant will also be able to help you.

Sincerely,

Anthony E. Meehl
Secretary

DEPT. 53-125

Occidental Center, Hill and Olive at 12th Street, Los Angeles, California
Mailing Address: Box 2101, Los Angeles, CA 90051
Phone: (213) 748-8111

A Member of Transamerica Corporation

Occidental Life
of California

3/21/73
2 copies received
1 copy to WKH
1 copy to file

February 16, 1973

Tacoma General Hospital
315 South K Street
Tacoma, Washington

Annuity Contract No. 4873226
Walter L. & Verna L. Huber,
Joint Annuitants

Gentlemen:

The Federal Income Tax Service requires that you report part of your payments under this contract each year as income.

As a service to you, the following statement has been prepared to help you complete your tax return. It shows the amount of income that is taxable.

	1973	Following Years
Investment		12,247.47
Expected Return		20,863.60
Per Cent Excluded		58.7
Annual Income	844.68	844.68
Excluded Income	495.83	495.83
Taxable Income	348.85	348.85

The Per Cent Excluded can be used as long as current Government regulations and the terms of your contract remain the same.

Please check these figures carefully when you report your income. We have every reason to believe that they are correct. We hope you will understand that we are not responsible if an error has occurred. We suggest that you attach this letter to your contract.

The investment figure shown above does not include premiums paid for incidental benefits such as Accident Indemnity, Waiver of Premium and Disability Monthly Income. This is in keeping with Federal Income Tax regulations. Furthermore, there is a required reduction in the investment for the value of any refund feature contained in the annuity. Therefore, the investment may not be equal to the amount of total premiums paid.

If your State has an income tax law, consult the nearest State Income Tax Office. Your attorney or tax consultant will also be able to help you.

Sincerely,

DEPT. 53-125

Anthony E. Meehl
Vice President and Secretary

647.38
767.21
1,9.83 +18.50

Occidental Center, Hill and Olive at 12th Street, Los Angeles, California
Mailing Address: Box 2101, Los Angeles, CA 90051
Phone: (213) 748-8111

A Member of
Transamerica Corporation

Occidental Life
of California

2/21/73

2 copies received
1 copy to W L Huber

February 16, 1973

Tacoma General Hospital
315 South K Street
Tacoma, Washington

Annuity Contract No. 4733145
Walter L. & Verna L. Huber,
Joint Annuitants

Gentlemen:

The Federal Income Tax Service requires that you report part of your payments under this contract each year as income.

As a service to you, the following statement has been prepared to help you complete your tax return. It shows the amount of income that is taxable.

	1973	Following Years
Investment		29,674.24
Expected Return		51,976.70
Per Cent Excluded		57.1
Annual Income	2,104.32	2,104.32
Excluded Income	1,201.57	1,201.57
Taxable Income	902.75	902.75

The Per Cent Excluded can be used as long as current Government regulations and the terms of your contract remain the same.

Please check these figures carefully when you report your income. We have every reason to believe that they are correct. We hope you will understand that we are not responsible if an error has occurred. We suggest that you attach this letter to your contract.

The investment figure shown above does not include premiums paid for incidental benefits such as Accident Indemnity, Waiver of Premium and Disability Monthly Income. This is in keeping with Federal Income Tax regulations. Furthermore, there is a required reduction in the investment for the value of any refund feature contained in the annuity. Therefore, the investment may not be equal to the amount of total premiums paid.

If your State has an income tax law, consult the nearest State Income Tax Office. Your attorney or tax consultant will also be able to help you.

Sincerely,

Anthony S Meehl

DEPT. 53-125

A Member of
Transamerica Corporation

Occidental Life
of California

RECEIVED

FEB 9 1973

TACOMA GENERAL HOSPITAL
EXECUTIVE OFFICE

February 7, 1973

Mr. & Mrs. Walter L. Huber
2123 North Winnifred
Tacoma, Washington

Annuity Contract Nos.
4733145 & 4873226

COPY

Dear Mr. & Mrs. Huber:

Annuity Contract Nos. 4733145 & 4873226 provide for monthly payments of $175.36 and $70.39, respectively, for your lifetime, commencing on January 1, 1973.

Enclosed is our check No. 2282385 for $491.50 which represents the combined payments due January 1, 1973 and February 1, 1973. This check will be follwed by other checks every month and will be mailed a few days prior to the due date. We would, therefore, appreciate your notifying us of any change in your mailing address immediately, in order that all payments may reach you promptly.

If we may be of any assistance, please let us know.

Sincerely,

Ikuko Rivera, Supervisor
Annuity Section
Individual Life Benefits Department

IR:em
Encl

✓ cc: Tacoma General Hospital

Policy in Drawer H

AMENDMENT TO APPLICATION

POLICY NO. 5239216

The undersigned hereby amend that application to OCCIDENTAL LIFE INSURANCE COMPANY OF CALIFORNIA pertaining to the above numbered policy, to cause said application to conform in every respect to all changes indicated below:

Plan of Insurance:

Amount of Insurance $ *(Include initial amount of life riders)*

Disability Income: Include ☐ Exclude ☐
Waiver of Premium: Include ☐ Exclude ☐
Double Indemnity: Include ☐ Exclude ☐

Total Annual Premium $

How Premiums Payable:

Date of Birth: *(Life Proposed)*

Age Nearest Birthday: *(Life Proposed)*

Date Policy:

Answer to Question____ Part____

Answer to Question____ Part____

Answer to Question____ Part____

Apply for: Additional Policy ☐ Alternate Policy ☐ in accordance with the following particulars:

Plan of Insurance_____ Date Policy_____

Amount of Insurance $_____ Total Annual Premium $_____ How Premiums Payable_____
(Include initial amount of life riders)

Other Changes:

Amount of Annuity Payment -- The monthly annuity payable if both Joint Annuitants are living on January 1, 1975, or if only Verna L. Huber is living on such date will be $69.46. The monthly annuity payable if only Walter L. Huber is living on January 1, 1975 will be $100.68. If neither of the Joint Annuitants is living on January 1, 1975, any premium paid is to be refunded to the owner without interest.

The undersigned hereby agree the above changes shall be an amendment to and form a part of the said application and of the said policy, and that said changes shall be binding on any person who shall have or claim any interest in said policy.

Signed at TACOMA, WASHINGTON this 28 day of Jan 1974

X Gerald Child
Witness to Signature (Soliciting Agent)
Gerald Child

X Walter L. Huber
Signature of Life Proposed *(Not required for Juvenile Insurance)*
WALTER L. HUBER

X Verna L. Huber
VERNA L. HUBER

SEE INSTRUCTIONS ON REVERSE SIDE

Signature of Applicant if other than Life Proposed If Corporation—full name of Corporation and signatures and titles of two officers authorized to sign

TACOMA GENERAL HOSPITAL
Applicant

By: X H. J. MADDEX
H. J. MADDEX, ASST. TO EXEC. VICE-PRESIDENT

Occidental Life
Insurance Company of California

A Member of Transamerica Corporation

RECEIPT

76227

HOME OFFICE: Los Angeles
HEAD OFFICE FOR CANADA: Toronto

POLICY NUMBER 5239216

ACKNOWLEDGES RECEIPT OF PAYMENT AS SPECIFIED: INSURED Walter L. Huber

AMOUNT $ 10,563.91 FOR Single Premium

Walter L. Huber
2123 No. Winnifred
Tacoma, Washington

COLLECTION OFFICE 50

HOW PAY 0 S.G.A. 0820

THIS RECEIPT IS NOT VALID UNLESS COUNTERSIGNED, NOR UNLESS THE REMITTANCE, IF TENDERED BY CHECK OR DRAFT IS HONORED ON FIRST PRESENTATION FOR PAYMENT.

COUNTERSIGNED January 22, 1974 19

BY [signature]
SIGNATURE

[signature]
VICE PRESIDENT AND SECRETARY

BBC-554 ED. 10-71

PRINTED IN U.S.A.

BY [signature] SIGNATURE

AND SECRETARY
VICE PRESIDENT

COUNTERSIGNED _____ 19__

January 22, 1971

NOW PAY _____ S.G.A. _____

0 0820

COLLECTION OFFICE _____

50

MENT
FIRST PRESENTATION FOR PAYCHECK OR DRAFT IS HONORED ON REMITTANCE. IF TENDERED BY COUNTERSIGNED, NOR UNLESS THE THIS RECEIPT IS NOT VALID UNLESS

Tacoma, Washington
2123 No. Winnifred
Walter L. Huber

AMOUNT $ 10,593.61 FOR Single Premium

ACKNOWLEDGES RECEIPT OF PAYMENT AS SPECIFIED

INSURED Walter L. Huber

HEAD OFFICE FOR CANADA: Toronto
HOME OFFICE: Los Angeles

POLICY NUMBER 5236219

Pacific Mutual Life Insurance Company of California

RECEIPT

12297

0405 3703 000581745

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code

TRANSAMERICA OCCID LIFE INS CO
1150 SOUTH OLIVE STREET
LOS ANGELES, CA 90015

Account number (optional)

0401911088895

-(TIIG) K25C NEW BUSINESS ANNT
800-821-9090

RECIPIENT'S name, street address, city, state, and ZIP code

HUBER VERNA LOUISE TH1
801 S VISTA POINT DR
APT 211
COLFAX WA 99111-9570

PAYER'S Federal identification number	RECIPIENT'S identification number
42-1511211	911-08-8895

FORM 1099R Department of the Treasury - Internal Revenue Service

1 Gross distribution $ 3782.52	2b Taxable amount not determined ☐
2a Taxable amount $ 3782.52	Total distribution ☐
3 Capital gain (included in box 2a) $	4 Federal income tax withheld $
5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $
7 Distribution code 7 / IRA/SEP/SIMPLE	8 Other $ %
9a Your percentage of total distribution %	9b Total employee contributions $
10 State tax withheld $	11 State/Payer's state no. WA
13 Local tax withheld $	14 Name of locality

		12 State distribution $
		15 Local distribution $

OMB No. 1545-0119

2002

Form 1099-R

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

This information is being furnished to the Internal Revenue Service

COPY 2

File this copy with your state, city, or local income tax return, when required

Instructions for Recipient

Box 3.--If you received a lump-sum distribution from a qualified plan and were born before 1936 (or you are the beneficiary of someone born before 1936), you may be able to elect to treat this amount as a capital gain on Form 4972 (not on Sch. D (Form 1040)). See the Instructions for Form 4972. For a charitable gift annuity, report as long-term capital gain on Schedule D (Form 1040).

Box 4.-- This is the amount of Federal income tax withheld. **Include this on your income tax return as tax withheld, and if box 4 shows an amount (other than zero), attach Copy B to your return.** Generally, if you will receive payments next year that are not eligible rollover distributions, you can change your withholding or elect not to have income tax withheld by giving the payer Form W-4P, Withholding Certificate for Pension or Annuity Payments.

Box 5.-- Generally, this shows the employee's investment in the contract (after-tax contributions), if any, recovered tax free this year; the part of premiums paid on commercial annuities or insurance contracts recovered tax free; or the nontaxable part of a charitable gift annuity. This box does not show any IRA contributions.

Box 6.--If you received a lump-sum distribution from a qualified plan that includes securities of the employer's company, the net unrealized appreciation (NUA) (any increase in value of such securities while in the trust) is taxed only when you sell the securities unless you choose to include it in your gross income this year. See Pub. 575 and the Instructions for Form 4972. If you did not receive a lump-sum distribution, the amount shown is the NUA attributable to employee contributions, which is not taxed until you sell the securities.

Box 7.--The following codes identify the distribution you received: 1--Early distribution, no known exception (in most cases, under age 59½) See Form 5329, Additional Taxes on Qualified Plans (Including IRAs) and other Tax-Favored Accounts. For a rollover to a traditional IRA of the entire taxable part of the distribution, do not file Form 5329. See the Form 1040/1040A instructions; 2--Early distribution, exception applies (under age 59½) You are not required to file Form 5329.; 3--Disability You are not required to file Form 5329.; 4--Death You are not required to file Form 5329.; 5--Prohibited transaction; 6--Section 1035 exchange (a tax-free exchange of life insurance, annuity, or endowment contracts); 7--Normal distribution; 8--Excess contribution plus earnings/excess deferrals (and/or earnings taxable in 2002; 9--PS 58 costs (premiums paid by a trustee or custodian for current insurance protection, taxable to you currently); A--May be eligible for 10-year tax option. See form 4972.; D--Excess contributions plus earnings/excess deferrals taxable in 2000; E--Excess annual additions under section 415; and certain excess amounts under section 403(b) plans. Report on Form 1040/1040A on the line for taxable pension or annuity income. You are not required to file Form 5329.; F--Charitable gift annuity; G--Direct rollover to IRA You are not required to file Form 5329.; H--Direct rollover to qualified plan or tax-sheltered annuity or a transfer from a conduit IRA to a qualified plan. You are not required to file Form 5329.; J--Early distribution from a Roth IRA, no known exception (in most cases, under age 59 1/2) Report on Forms 1040 and 8606 and see Form 5329; L--Loans treated as distributions; M--Distribution from a Coverdell ESA. Report any taxable amount on Form 1040. If your education expenses during 2002 were not equal to or more than your distribution, part or all of your distribution may be taxable and subject to an additional 10% tax. N--Recharacterized IRA contribution made for 2002 and recharacterized in 2002. Report on 2002 Form 1040/1040A and Form 8606, if applicable; P--Excess contributions plus earnings/excess deferrals taxable in 2001; R--Recharacterized IRA contribution made for 2001 and recharacterized in 2002. Report on 2001 Form 1040/1040A and Form 8606, if applicable; S--Early distribution from a SIMPLE IRA in first 2 years, no known exception (under age 59½.) May be subject to an additional 25% tax. See form 5329.; T-- Roth IRA distribution, exception applies. Report on Forms1040/1040A and 8606. You are either age 59 1/2 or over or an exception (Code 2, 3, or 4) applies.

If the IRA/SEP/SIMPLE box is checked, you have received a traditional IRA, SEP or SIMPLE distribution.

Box 8.-- If you received an annuity contract as part of a distribution, the value of the contract is shown. It is not taxable when you receive it and should not be included in boxes 1 and 2a. When you receive periodic payments from the annuity contract, they are taxable at that time. If the distribution is made to more than one person, the percentage of the annuity contract distributed to you is also shown. You will need this information if you use the special 10-year tax option (Form 4972).

Box 9a.-- If a total distribution was made to more than one person, the percentage you received is shown.

Box 9b.-- For a life annuity from a qualified plan or from a tax-sheltered annuity (with after-tax contributions), an amount may be shown for the employee's total investment in the contract. It is used to compute the taxable part of the distribution. See Pub. 575.

Boxes 10-15.-- If state or local income tax was withheld from the distribution, these boxes may be completed. Boxes 12 and 15 may show the part of the distribution subject to state and/or local tax.

12th Street, Los Angeles, California
les, CA 90051

A Member of
Transamerica Corporation

#4733145

7.4 1 8.5 6
7.4 1 8.5 6
7.4 1 8.5 6
7.4 1 8.5 6
2 9.6 7 4.2 4 S

2 9.6 7 4.2 4 *

Life

2/21/73

2 copies received

1 copy to W & Huber

al

4 5.2 5
4 4.8 7
4 3.3 5
4 1.8 9

Monthly Income

1 7 5.3 6 *

Annuity Contract No. 4733145
Walter L. & Verna L. Huber,
Joint Annuitants

x Service requires that you report part of your pay-
ract each year as income.

#4873226

4 0 8 2.4 9
4 0 8 2.4 9
4 0 8 2.4 9
1 2.2 4 7.4 7 *

the following statement has been prepared to help
return. It shows the amount of income that is

	1973	Following Years
		29,674.24
		51,976.70
		57.1
	2,104.32	2,104.32
	1,201.57	1,201.57
	902.75	902.75

Monthly Income

2 3.7 7
2 3.7 1
2 2.9 1

7 0.3 9 *

d can be used as long as current Government regu-
ns of your contract remain the same.

Please check figures carefully when you report your income. We have every reason to believe that they are correct. We hope you will understand that we are not responsible if an error has occurred. We suggest that you attach this letter to your contract.

The investment figure shown above does not include premiums paid for incidental benefits such as Accident Indemnity, Waiver of Premium and Disability Monthly Income. This is in keeping with Federal Income Tax regulations. Furthermore, there is a required reduction in the investment for the value of any refund feature contained in the annuity. Therefore, the investment may not be equal to the amount of total premiums paid.

If your State has an income tax law, consult the nearest State Income Tax Office. Your attorney or tax consultant will also be able to help you.

Sincerely,

Anthony E. Meehl

DEPT. 53-125

Anthony E. Meehl
Vice President and Secretary

Policy No.
5239216

Phone
213-742-2400

Letter '91
P.# 733145
Claim # 195184

2400
213-741-2025
~~1-800-821-9090~~

Annuity Dept
1-800-821-9090

Policy No.
5239216

~~2000.44~~
345.45
378.42
902.75
1629.62

S.S. #
532-34-0754

#3783

315.21 mo.

11,659.20
3783
15442.20
21400
17,842.20

Copy

OCCIDENTAL LIFE INSURANCE COMPANY OF CALIFORNIA Home Office—Los Angeles

APPLICATION FOR ANNUITY CONTRACT

1. **ANNUITANT:** Print full name WALTER L. HUBER

Social Security or Tax No. 536 10 4978

2. **SEX** ☒ Male ☐ Female

3. **DATE OF BIRTH** Mo. 5 Day 25 Year 06

4. **PLACE OF BIRTH** Chehalis, Washington

Submit proof of age with application

5. **RESIDENCE OF ANNUITANT**

No. and Street 2123 N. Winnifred

City and State or Province Tacoma, Washington

6. **OWNER:** Who shall be owner of any annuity contract issued?

☐ Annuitant, or Annuitants with rights of survivorship on Joint Life Annuities

☒ Other: Full name Tacoma General Hospital

Address 315 South K Street, Tacoma, Washington

The owner, if other than Annuitant, is:

☐ Individual—S. S. or Tax No.

☒ Corporation ☐ Partnership ☐ Trustee — Non-Profit

Employer Ident. No. 91 0435080

DATA FOR ANNUITY

7. **AMOUNT OF ANNUITY** Payment: $ _____

8. **FREQUENCY OF ANNUITY PAYMENTS** ☐ Annually ☐ Quarterly ☐ Semi-Annually ☒ Monthly

9. **ANNUITY PAYMENTS TO BE MADE TO:** ☒ Annuitant, or Annuitants or the survivor on Joint Life Annuities ☐ Owner, if other than Annuitant

SINGLE LIFE ANNUITY

10. ☒ **ANNUAL PREMIUM RETIREMENT ANNUITY**

Annuity to commence ~~at policy anniversary nearest age~~ 1/1/73

Additional Benefits by Rider:

☐ Waiver of Premium:

☐ Waiver of Premium and Income: $ _____ per Mo.

Mode of Premium Payment:

☒ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly

Dividend Option for Participating Plan:

☐ Cash ☐ Premium Reduction ☐ Accumulations

11. ☒ **SINGLE PREMIUM DEFERRED ANNUITY**

Describe Plan: See Letter Dennis O. Leslie dated September 16, 1969

Deferred 3 years

12. ☐ **SINGLE PREMIUM IMMEDIATE ANNUITY**

Describe Plan: NA

ANNUITY CERTAIN ONLY

13. ☐ **DESCRIBE PLAN:** NA

JOINT LIFE ANNUITY

14. ☒ **Describe Plan:** See letter Dennis O. Leslie dated September 16, 1969

15. **SECOND ANNUITANT:** Print full name VERNA LOUISE HUBER

Social Security or Tax No. 532 34 0754

16. **SEX** ☐ Male ☒ Female

17. **DATE OF BIRTH** Mo. 7 Day 28 Year 13

18. **PLACE OF BIRTH** Toledo, Washington

Submit proof of age with application

19. **RESIDENCE OF SECOND ANNUITANT**

☒ Same as shown in 5.

No. and Street

City and State or Province

BENEFICIARY (Complete only if applicable)

20. **BENEFICIARY:** Print full name and relationship to Annuitant.

If more than one, then equally to the survivors unless otherwise indicated.

Home Office Changes In Application:

Amount Paid With This Application: $ 7,418.56

This application, and Part II, if any, when evidence of insurability of the Annuitant is required by the Company, shall be the application for the annuity contract.

It is agreed that (1) if evidence of insurability of the Annuitant is required, the annuity contract shall not take effect unless it is delivered to the owner during the continued insurability, as stated in the application, of the Annuitant; (2) No information acquired by any representative of the Company shall be binding upon the Company unless set out in writing in this application; (3) No waiver or modification shall be binding upon the Company unless in writing and signed by the President or a Vice President and the Secretary or an Assistant Secretary; (4) The Company may indicate changes in the space for Home Office Changes in Application for administrative purposes only. Any other changes in this application shall be subject to written consent by the applicant.

Signed at Tacoma, Washington on September 23, 1969

G. F. Chisel

WITNESS (LICENSED RESIDENT AGENT AS REQUIRED)

Walter L. Huber

TACOMA GENERAL HOSPITAL ANNUITANT

By: [signature], Controller

OWNER, IF OTHER THAN ANNUITANT

Verna L. Huber

SECOND ANNUITANT FOR JOINT LIFE ANNUITY

No. 64436

APB 1-165

AGENT'S REPORT

SPECIAL QUESTIONS FOR AGENTS IN STATES WITH LAWS AFFECTING COMMISSIONS ON PERSONAL OR OTHER CONTROLLED INSURANCE

Is the insurance applied for in the category for which payment of commission may be restricted under the laws of your state? ☐ Yes ☐ No If "Yes", are you qualified to receive the commission? _____

This report must be signed by each agent who has an interest in this applicatiton. Unless otherwise indicated, each signing agent shall have an equal interest.

_____ OTHER SOLICITING AGENTS

[signature] SOLICITING AGENT

REPORT BY AGENCY OR BRANCH OFFICE

Have all required questions in the application and agent's report been answered? ☐ Yes ☐ No

Is proof of age attached? ☐ Yes ☐ No

Is each soliciting agent currently licensed in the state or province in which this application is signed? ☐ Yes ☐ No

REMARKS:

Explain any "No" in **REMARKS** See letter Dennis O. Leslie, September 16, 1969

Agency or Branch _____ Code _____ By _____

APB 1-165

TACOMA GENERAL HOSPITAL

Election of Spouse's Annuity

GROUP ANNUITY CONTRACT GA-2494

Name of Employee W. L. Huber

Date of Birth 5/25/06 Date of Marriage 10/25/34 Soc. Sec. No. 536-10-4978

I hereby elect that after my death, my spouse (named below) receive monthly Annuity Payments for life in accordance with the terms of Group Annuity Contract GA-2494 issued by Ætna Life Insurance Company.

Name of Spouse Verna L. Huber

Date of Birth 7/28/13 Soc.Sec. No. 532-34-0754

Address of Spouse 2123 North Winnifred, Tacoma, Washington 98406

Signature of Employee W. L. Huber

Witness Lucie A. Yjinke

Date July 23, 1968

TO BE COMPLETED IF THE ELECTION IS NOT DESIRED

I do not desire to make the above election at this time.

Signature

Date

TACOMA GENERAL HOSPITAL

THE FANNIE C. PADDOCK MEMORIAL

POST OFFICE BOX 5277

315 SOUTH K STREET • TACOMA, WASHINGTON 98405

AREA CODE 206 MA 7-1181

January 16, 1973

Mr. Charles Harrell, Assistant Secretary
Occidental Life of California
Box 2101, Terminal Annex
Los Angeles, California 90054

Dear Mr. Harrell:

Re Policy Nos. 4873226 and 4733145
Mr. and Mrs. W. L. Huber

Thank you for your letter to Mr. Cooper dated December 22, 1972, regarding the policies named above.

To verify our telephone conversation of January 15, 1973, it was Mr. and Mrs. Huber's decision to make no changes in the policies and to start the income as of January 1, 1973.

We appreciate your cooperation in obtaining the information regarding the delay and regret the inconvenience it may have caused you.

Yours very truly,

Helen J. Maddex
Assistant to the Executive
Vice President

HJM:LU

8-HL-3-70

Occidental Life
of California

INTER-OFFICE CORRESPONDENCE

FROM: HOME OFFICE - Actuarial Staff

DATE: December 22, 1972

TO: Mr. Philip W. Cooper, C.L.U.
General Agent #820
Tacoma, WA

SUBJECT: Policy Nos. 4873226 and 4733145

Dear Mr. Cooper:

Your recent memo concerning these annuity policies has been referred to me.

We are willing to allow the annuity payments to be postponed for up to three years. However, the exact date must be elected now, and it must be January 1, 1974, January 1, 1975 or January 1, 1976. Once it is elected, it may not be changed again to either a later or an earlier retirement date. During the period of postponement, the death benefit will continue to be the refund of premium, without interest. This death benefit is payable in the event of the death of both Mr. and Mrs. Huber before the annuity begins, and it is payable to the Tacoma General Hospital, as owner of the contracts.

If this arrangement is satisfactory, please have the enclosed request form completed. Insert the appropriate date in the space I have left blank. Since the hospital is still the owner of the contracts, the form will have to be signed by an authorized official of the hospital and by Mr. and Mrs. Huber.

Please return the signed form to me together with the two policies. We will then prepare endorsements which will show the new date and the amount of the annuity that will be payable. Since these are special "single-case" policies, which had to be filed with the Washington Insurance Department on that basis, the endorsements may have to be filed with Washington as well. In that event, it will be a few weeks before we can issue them, and, of course, anything contained in the endorsement will be subject to their approval. However, I don't anticipate any problems in that area--other than the delay.

Normally, we would require that the request to postpone the income be signed before January 1, 1973. However, under the circumstances, we will extend the time limit to January 15, 1973. However, if the request is not signed by then, we will have to start the income as of January 1, 1973.

Sincerely,

Charles Harrell
Assistant Secretary

ra

OCCIDENTAL LIFE INSURANCE COMPANY OF CALIFORNIA

HOME OFFICE—OCCIDENTAL CENTER—LOS ANGELES

REQUEST TO CHANGE LIFE POLICY

Policy Number 4873226 and 4733145

~~Insured~~ Annuitants: Walter & Verna Huber

COMPLETE THIS SECTION TO ADD A RIDER TO THE POLICY

Check rider desired:

- ☐ Waiver of Premium
- ☐ Waiver of Premium and Income $_____ per mo.
- ☐ Accident Indemnity Rider: $_____
- ☐ 5 Year C & R Rider
- ☐ Additional Insurance Option
- ☐ Income Protection: ____ yrs.; $_____ per mo.
- ☐ Family Income: ($____ units); ____ yrs.; $_____ per mo.
- ☐ Mortgage Protection: ____ yrs.; $_____ Initial Amount
- ☐ Other: (Describe)

Class of Risk Applied For: The rider is applied for at the same premium class and with the same aviation exclusions, if any, as the policy, unless a different premium class is shown here:

(Table or Extra Premium per $1,000) _____

Premium Insurance, check rider desired:

- ☐ Premium Insurance for Death of Owner
- ☐ Premium Insurance for Death or Disability of Owner

Complete the following for premium insurance:

Period: _____ yrs.

Date of Birth of Owner: _____ Mo. Day Year

Place of Birth of Owner: _____

Class of Risk Applied For: The premium insurance is applied for at the Standard Premium Class, unless a different premium class is shown here:

(Table or Extra Premium per $1,000) _____

COMPLETE THIS SECTION FOR CHANGES OTHER THAN ADDITION OF A RIDER TO THE POLICY

Change the policy as follows: ***(Describe change requested in detail)***

Change the date of the first annuity payment from January 1, 1973 to January 1, _____.

Increase the monthly annuity payments as required by the revised date of the first annuity payment.

If the survivor of the Joint Annuitants dies before the revised date of the first annuity payment the amount of premiums paid shall be refunded to the owner.

This request and Part II for any evidence of insurability of the Insured or Owner required by the Company shall be the application for the change in the policy.

(1) Except as otherwise provided in the conditional receipt, if issued, with the same number as this request, any change in the policy which requires evidence of insurability of the Insured or Owner shall not take effect unless any required payment to the Company for the change is paid in full and the changed policy is delivered to the Owner during the lifetime and continued insurability, as stated in the application for the change, of the Insured, and if premium insurance is applied for, during the lifetime and continued insurability, as stated in the application for the change, of the Owner.

(2) Any change in the policy which does not require evidence of insurability shall be effective from the date of this request unless a later date is specified in this request, but only if the change is provided by the policy or is allowed by the Company under the policy.

(3) Until a change in the policy becomes effective, the policy without change shall continue subject to its provisions.

(4) The Company may deposit any payment or cash any check or draft without prejudice to its right to decline to change the policy.

Amount paid with this Request to Change Policy: $ _____

Signed at Tacoma, Washington on January 13, 1973

WITNESS

George H Moore

WITNESS

H J Massey

WITNESS

H J Massey

POLICY OWNER

Tacoma General Hospital

Lillian A. Ujick Asst Secty.

INSURED, IF NOT THE OWNER

Walter L. Huber

Walter L. Huber

Verna L. Huber

Verna L. Huber

No. 240003

APC 1-165

1. PRINT FULL NAME

2. OCCUPATION: Describe

How long in this occupation?_____ years

Name of Employer

Address

Do you intend to make any change in occupation?_____ ☐ Yes ☐ No
If "Yes", explain in **REMARKS**

3. AVIATION:

Do you intend to to fly other than as a passenger or have you flown other than as a passenger during the past 2 years?___ ☐ Yes ☐ No

If "Yes", complete **AVIATION QUESTIONNAIRE**

4. MILITARY, NAVAL and AIR FORCES:

a. Have you been notified to report for active duty in the armed forces? _____ ☐ Yes ☐ No

b. Are you in a reserve or military deferment program which will require mandatory active duty?_____ ☐ Yes ☐ No

c. If on active duty, give rank or pay grade_____
If any "Yes", explain in **REMARKS**

5. FOREIGN TRAVEL:

Do you intend to travel outside the United States or Canada within the next 2 years? _____ ☐ Yes ☐ No
If "Yes", explain in **REMARKS**

6. OTHER INSURANCE:

a. Has any company declined to issue or reinstate or renew, rated or modified, postponed or cancelled, any life or accident and sickness insurance on your life?_____ ☐ Yes ☐ No

b. Will insurance in any company be discontinued if the insurance applied for is issued?_____ ☐ Yes ☐ No

c. Is any application for insurance on your life pending in any other company? _____ ☐ Yes ☐ No

If any "Yes", explain and give name of company in **REMARKS**

7. a. Life insurance now in force:

Total Amount $_____

Such insurance includes:
Accident Indemnity: $_____ Disability Income: $_____

b. Accident and Sickness Insurance now in force:

	Monthly Indemnity	Benefit Period	Principal Sum
Cancellable	$_____	_____	$_____
Non-cancellable	$_____	_____	$_____

NOTE: If application is made for reduction in rate for occupation, show in REMARKS each occupation engaged in since issue of the policy. Also show dates of entering and leaving each such occupation.

REMARKS

NOTE: Questions 8 to 10 need not be completed if a medical examination is submitted as a part of the application for change.

8. A. Exact Height ft. in. B. Exact Weight lbs. C. When Last Weighed?

9. DURING THE PAST FIVE YEARS HAVE YOU:

A. Consulted, been examined or been treated by any physician or practitioner?_____ A. ☐ Yes ☐ No

B. Had an X-ray, electrocardiogram or any laboratory test or study?___ B. ☐ Yes ☐ No

C. Had observation or treatment at a clinic, hospital or sanitarium?___ C. ☐ Yes ☐ No

D. Had or been advised to have a surgical operation?_____ D. ☐ Yes ☐ No

E. Had or been told you had, pain or pressure in the chest, cancer or tumor, or any serious illness?_____ E. ☐ Yes ☐ No

10. FEMALE:

Are you pregnant?_____ ☐ Yes ☐ No

GIVE DETAILS OF ALL "YES" ANSWERS, INCLUDING ALL DATES, DURATIONS, TYPE OF TREATMENTS AND THE NAMES AND ADDRESSES OF ALL ATTENDING PHYSICIANS

I represent that the statements and answers shown above are complete and true to the best of my knowledge and belief.

To the extent permitted by law, I expressly waive on behalf of myself and of any person who shall have or claim any interest in any contract of insurance issued on this application all provisions of law forbidding any physician, hospital official or employee, or other person who has attended or examined me, or who has been consulted by me, from disclosing any knowledge or information thereby acquired and from testifying with reference thereto, and I expressly authorize such person to make such disclosures.

Signed at _____ on _____, 19____

Witness _____ _____
SIGNATURE

APC 1-165

Date _____

Occidental Life Insurance Company of California, Los Angeles, California, is considering an application for insurance on my life and I hereby authorize and direct you, or any physician, surgeon or other person in your employ or connected or associated with you in any way, to give any representative of such Company any information which he may desire and which you may have acquired attending me in a professional capacity. A photostat (or similar copy) of this authorization shall be as valid as the original.

_____ _____
(Witness) Signature

AMENDMENT TO APPLICATION

POLICY NO. 473045

The undersigned hereby amend that application to OCCIDENTAL LIFE INSURANCE COMPANY OF CALIFORNIA pertaining to the above numbered policy, to cause said application to conform in every respect to all changes indicated below:

Plan of Insurance: Joint and Last Survivor Annuity; Non Participating. Four premiums of $7,418.56 each, due September 23, 1969; January 1, 1970; January 1, 1971; and January 1, 1972. Annuity payments as specified below, to commence Jan. 1, 1973

Amount of Insurance $ *(Include initial amount of life riders)*

Disability Income: Include ☐ Exclude ☐

Waiver of Premium: Include ☐ Exclude ☐

Double Indemnity: Include ☐ Exclude ☐

Total Annual Premium $

How Premiums Payable:

Date of Birth: *(Life Proposed)*

Age Nearest Birthday: *(Life Proposed)*

Date Policy:

Answer to Question____ Part____

Answer to Question____ Part____

Answer to Question____ Part____

Apply for: Additional Policy ☐ Alternate Policy ☐ in accordance with the following particulars:

Plan of Insurance_____ Date Policy_____

Amount of Insurance $_____ Total Annual Premium $_____ How Premiums Payable_____
(Include initial amount of life riders)

Other Changes:

Amount of Annuity Payments

Each premium paid to the company when due shall provide a monthly annuity as follows:

Premium due Date	Monthly Annuity payable if both Joint Annuitants are living on January 1, 1973 or if only Verna L. Huber is living on such date	Monthly Annuity payable if only Walter L. Huber is living on Jan. 1, 1973
Sept. 23, 1969	$45.25	$66.88
Jan. 1, 1970	44.87	66.31
Jan. 1, 1971	43.35	64.05
Jan. 1, 1972	41.89	61.89

If neither of the Joint Annuitants is living on January 1, 1973, any premium paid to be refunded without interest.

The undersigned hereby agree the above changes shall be an amendment to and form a part of the said application and of the said policy, and that said changes shall be binding on any person who shall have or claim any interest in said policy.

X Signed at Tacoma, Washington this_____ day of_____ 19____

X Verna Louise Huber
Witness to Signature (Soliciting Agent)

X Walter L. Huber
Signature of ~~Life Proposed (Not required for private insurance)~~
Walter L. Huber

X [signature]
Verna Louise Huber

SEE INSTRUCTIONS ON REVERSE SIDE

Signature of Applicant if other than Life Proposed If Corporation—full name of Corporation and signatures and titles of two officers authorized to sign

Tacoma General Hospital
Applicant

X By: [signature]

35 CU - ED. 3-54

PRINTED IN U.S.A.

Occidental Center, Hill and Olive at 12th Street, Los Angeles, California
Mailing Address: Box 2101, Los Angeles, CA 90051
Phone: (213) 748-8111

A Member of Transamerica Corporation

Occidental Life
of California

Copy in W L Huber file

RECEIVED
DEC 4 1972
TACOMA GENERAL HOSPITAL
EXECUTIVE OFFICE

December 1, 1972

Office of The Controller
Tacoma General Hospital
315 South K Street
Tacoma, Washington

Policy Nos. 4873226 & 4733145
Annuitants: Walter L. & Verna L. Huber

Dear Sir:

I am sure you will be happy to be reminded that these policies mature on January 1, 1973. A monthly income of $245.75 payable jointly for the life of the Annuitants will begin on that date.

The first monthly payment will be mailed to Walter L. and Verna L. Huber, the Joint Annuitants, shortly after the maturity date. We must be notified if one of the Annuitants is deceased at this time since the policy provides for an alternate income under such circumstances.

If you have any questions about this policy, please write to us or contact our servicing office.

Sincerely,

V. H. Joens
Assistant Vice President

VHJ:je

Our servicing office for your policy is: Tacoma Branch Office
10103 Bristol, South West
Tacoma

A Member of
Transamerica Corporation

Occidental Life

of California

December 26, 1974

Puget Sound National Bank
"K" Street Branch, Box 2076
Tacoma, Washington 98401

Ann. Con. Nos. 5239216, 4873226 & 4733145
Walter L. & Verna Louise Huber, Annuitants

Gentlemen:

Enclosed is our check No. 2470158 for $315.21, which is made payable to your bank for deposit to Walter L. & Verna Louise Huber's Account No. 04-513-693.

All future checks will be mailed directly to your bank until we are advised to do otherwise by Mr. & Mrs. Huber.

Thank you for your assistance in this matter.

Sincerely,

Ikuko Rivera (Er)

Ikuko Rivera, Supervisor
Annuity Section
Individual Life Benefits Department

IR:vl
Encl.

cc: Tacoma General Hospital

monthly
$315.21 for life

COPY

cc: Tacoma General Hospital

A Member of
Transamerica Corporation

Occidental Life

of California

December 26, 1974

Puget Sound National Bank
"K" Street Branch, Box 2076
Tacoma, Washington 98401

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Thank you for your assistance in this matter.

Sincerely,

Ikuko Rivera (Ex)

Ikuko Rivera, Supervisor
Annuity Section
Individual Life Benefits Department

IR:vl
Encl.

cc: Mr. & Mrs. Huber

Annuity Contract No. 5239216 provides for monthly payments of $69.46 for your lifetime commencing on January 1, 1975.

The first payment due was combined with Annuity Contract Nos. 4873226 & 4733145 and issued in one check .

If we maybe of any assistance in the future, please let us know.

315.21
318.00
363.63
996.84

COPY

A Member of
Transamerica Corporation

Occidental Life

of California

December 26, 1974

Puget Sound National Bank
"K" Street Branch, Box 2076
Tacoma, Washington 98401

Ann. Con. Nos. 5239216, 4873226 & 4733145
Walter L. & Verna Louise Huber, Annuitants

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Sincerely,

Ikuko Rivera (Sc)

Ikuko Rivera, Supervisor
Annuity Section
Individual Life Benefits Department

IR:vl
Encl.

cc: Mr. & Mrs. Huber

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315.21
318.00
363.63
996.84

COPY

Occidental Center, Hill and Olive at 12th Street, Los Angeles, California
Mailing Address: Box 2101, Los Angeles, CA 90051
Phone: (213) 748-8111

A Member of
Transamerica Corporation

Occidental Life
of California

December 13, 1974

Mr. Gerald F. Child
Aetna Life
Tacoma Mall Office Building Suite 633
Tacoma, Washington 98409

Annuity Contract Nos. 4873226,
4733145 & 5239216
Walter L. & Verna Louise Huber, Annuitanta

Dear Mr. Child:

Thank you for returning the Bank Authorization and Agreement Form.

Commencing with the January 1, 1975 payment, checks will be made payable to the Puget Sound National Bank for deposit into the Huber's account.

We have now found that Mr. and Mrs. Huber have another Contract which matured on January 1, 1975. Therefore, we are enclosing another Bank Authorization form to cover all three Contracts. Upon completion of the form please return the original copy to us and the Bank should retain the copy of the latest form.

Thank you very much for your assistance in this matter.

Sincerely,

Ikuko Rivera

Ikuko Rivera, Supervisor
Annuity Section
Individual Life Benefits Department

IR:ta
Encls.

P.S.

A self-addressed envelope is enclosed for your convenience.

This copy sent without a cover letter to

4208 - 218th East
Sumner, Wash.

as of 1990 my new address has been
144 McLaughlin Rd
Chehalis, Wa. 98532

☐ CORRECTED (if checked)

	1 Gross distribution $ 3782.52	OMB No 1545-0119 **1993**
	2a Taxable amount $ 1588.66	
	2b Taxable amount not determined ☐	Total distribution ☐
	3 Capital gain (included in box 2a) $	4 Federal income tax withheld $
	5 Employee contributions or insurance premiums $	6 Net unrealized appreciation in employer's securities $
	7 Distribution code 7 / IRA/SEP ☐	8 Other %
	9 Your percentage of total distribution %	10 State income tax withheld $
	11 State/Payer's state number	12 State distribution $

File this state income ta

Form **1099-R** X4038 Department of the Treasury - Internal Revenue Serv

t Organizations, PUB. 575, PUB. 590, PUB. 721,
/ Service Retirement Benefits, or PUB. 939,
(Nonsimplified Method). For an IRA distribution,
,e. For a direct rollover, zero should be shown and
n the "Taxable income" line of your tax return.

/ distribution, you may be eligible for the 5- or 10-
thod. See FORM 4972, for more information. The 5-
ging does not apply to IRAs or tax-sheltered annuities.

'X" is entered in the first checkbox, the payer was
mine the taxable amount, and Box 2a should be blank
an IRA distribution. If an "X" is entered in the second
distribution was a total distribution that closed out your

/ou received a lump-sum distribution and you were born
-36, you may be able to elect to treat this amount as a
1. See the instructions for FORM 4972. For a charitable gift
iis is the amount of any long-term capital gain.

This is the amount of Federal income tax withheld on the
.ion. INCLUDE THIS ON YOUR INCOME TAX RETURN AS TAX
.LD, AND, IF BOX 4 SHOWS AN AMOUNT OTHER THAN ZERO,
.H COPY B TO YOUR RETURN. Generally, if you will receive
:nts next year that are not eligible rollover distributions, you can
ge your withholding or elect not to have income tax withheld by
ig the payer FORM W-4P, Withholding Certificate for Pension or
iuity Payments.

1992; A-Qualifies for 5- or 10-year averaging; B-Qualifies for death benefit exclusion; C-Qualifies for both A and B; D-Excess contributions plus earnings/excess deferrals taxable in 1991; E-Excess annual additions under section 415 (Report on your tax return on the line for taxable pension or annuity income. You need not file FORM 5329.); F-Charitable gift annuity; G-Direct rollover to IRA (You need not file FORM 5329.); H-Direct rollover to qualified plan or tax-sheltered annuity (You neeed not file FORM 5329.).

If the IRA/SEP box is checked, you have received an IRA or SEP distribution.

BOX 8.-If you receive an annuity contract as part of a distribution, the value of the contract is shown. It is not taxable when you receive it and should not be included in boxes 1 and 2a. When you receive periodic payments from the annuity contract, they are taxable at that time. If the distribution is made to more than one person, the percentage of the annuity contract distributed to you is also shown. You will need this information if you elect the special 5- or 10-year averaging method.

BOX 9.-If a total distribution was made to more than one person, the percentage you received is shown here.

BOXES 10-12.-If state income tax was withheld from the distribution, these boxes may be completed. Box 12 may show the part of the distribution subject to applicable state tax.

X4038B

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state and ZIP code

PENSION PERIODIC PAYMENTS
CALL (213) 742-2400
TRANSAMERICA OCCIDENTAL LIFE INS
1150 SOUTH OLIVE STREET
LOS ANGELES, CA 90015

1 Gross distribution: $ 3782.52
2a Taxable amount: $ 3782.52
2b Taxable amount not determined: ☐
Total distribution: ☐

OMB No 1545-0119
1994

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S Federal identification number: 95-1060502
RECIPIENT'S identification number: 911088895

3 Capital gain (included in box 2a): $
4 Federal income tax withheld: $

RECIPIENT'S name, address, and ZIP code

8225-41-WA
TACOMA GENERAL HOSPITAL
FOR VERNA LOUISE HUBER
315 SOUTH K STREET
TACOMA, WA 98405

5 Employee contributions or insurance premiums: $
6 Net unrealized appreciation in employer's securities: $
7 Distribution code: 7
IRA/SEP: ☐
8 Other: $ %
9 Your percentage of total distribution: %
10 State tax withheld: $

Account number (optional): IND-LIFE
Total employee contributions:
11 State/Payer's state number:
12 State distribution: $

Copy B

Report this income on your Federal tax return. If this form shows Federal income tax withheld in Box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service.

Form **1099-R**

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state and ZIP code

PENSION PERIODIC PAYMENTS
CALL (213) 742-2400
TRANSAMERICA OCCIDENTAL LIFE INS
1150 SOUTH OLIVE STREET
LOS ANGELES, CA 90015

1 Gross distribution: $ 3782.52
2a Taxable amount: $ 3782.52
2b Taxable amount not determined: ☐
Total distribution: ☐

OMB No 1545-0119
1994

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S Federal identification number: 95-1060502
RECIPIENT'S identification number: 911088895

3 Capital gain (included in box 2a): $
4 Federal income tax withheld: $

RECIPIENT'S name, address, and ZIP code

8225-41-WA
TACOMA GENERAL HOSPITAL
FOR VERNA LOUISE HUBER
315 SOUTH K STREET
TACOMA, WA 98405

5 Employee contributions or insurance premiums: $
6 Net unrealized appreciation in employer's securities: $
7 Distribution code: 7
IRA/SEP: ☐
8 Other: $ %
9 Your percentage of total distribution: %
10 State tax withheld: $

Account number (optional): IND-LIFE
Total employee contributions:
11 State/Payer's state number:
12 State distribution: $

Copy C

For Recipient's Records

This information is being furnished to the Internal Revenue Service.

Keep this copy for your records.

Form **1099-R**

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state and ZIP code

PENSION PERIODIC PAYMENTS
CALL (213) 742-2400
TRANSAMERICA OCCIDENTAL LIFE INS
1150 SOUTH OLIVE STREET
LOS ANGELES, CA 90015

1 Gross distribution: $ 3782.52
2a Taxable amount: $ 3782.52
2b Taxable amount not determined: ☐
Total distribution: ☐

OMB No 1545-0119
1994

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

PAYER'S Federal identification number: 95-1060502
RECIPIENT'S identification number: 911088895

3 Capital gain (included in box 2a): $
4 Federal income tax withheld: $

RECIPIENT'S name, address, and ZIP code

8225-41-WA
TACOMA GENERAL HOSPITAL
FOR VERNA LOUISE HUBER
315 SOUTH K STREET
TACOMA, WA 98405

5 Employee contributions or insurance premiums: $
6 Net unrealized appreciation in employer's securities: $
7 Distribution code: 7
IRA/SEP: ☐
8 Other: $ %
9 Your percentage of total distribution: %
10 State tax withheld: $

Account number (optional): IND-LIFE
Total employee contributions:
11 State/Payer's state number:
12 State distribution: $

Copy 2

File this copy with your state, city, or local income tax return, when required.

Form **1099-R**

X9RF94

Department of the Treasury - Internal Revenue Service

Instructions for Recipient

Generally, distributions from pensions, annuities, profit-sharing and retirement plans, IRAs, insurance contracts, etc., are reported to recipients on FORM 1099-R.

ELIGIBLE ROLLOVER DISTRIBUTION.-Before distributing an amount from a qualified plan eligible to be rolled over, the plan administrator must give you an explanation of your choices of how the distribution can be paid, including a direct rollover. See PUB. 575, Pension and Annuity Income (including Simplified General Rule), for more information.

IRAs.-For distributions from an individual retirement arrangement (IRA) or simplified employee pension (SEP), generally the payer is not required to compute the taxable amount. Therefore, the amounts in boxes 1 and 2a may be the same. See PUB. 590, Individual Retirement Arrangements (IRAs), and FORM 8606, Nondeductible IRA (Contributions, Distributions, and Basis), to determine the taxable amount. If you are at least age 70 1/2, distributions from your IRA may be required. *See Pub. 590.*

EXCESS DISTRIBUTIONS.-If your distribution from a qualified plan is more than $144,551, you may owe an excise tax. See FORM 5329, Additional Taxes Attributable to Qualified Retirement Plans (including IRAs), Annuities, and Modified Endowment Contracts. This does not apply to beneficiaries except a surviving spouse who elected not to have the estate pay the excess accumulation tax.

TOTAL EMPLOYEE CONTRIBUTIONS.-If this is the first year of a life annuity, you may see "Total employee contributions" on the form. Use that figure only if you choose to compute the taxable part of the distribution using a method different from the method used by the payer. See Pub. 575.

BENEFICIARIES.-If you receive a plan distribution as the beneficiary of a deceased employee, you may be entitled to a DEATH BENEFIT EXCLUSION of up to $5,000. See Pub. 575.

(Continued below.)

Instructions for Recipient (Continued from above.)

BOX 1.-Shows the total amount you received this year. The amount may have been a direct rollover or received as periodic payments, as nonperiodic payments, or as a total distribution. Report this amount on FORM 1040 or 1040A on the line for "Total IRA distributions" or "Total pensions and annuities" (or the line for "Taxable amount"), whichever applies, unless this is a lump-sum distribution and you are using FORM 4972, Tax on Lump-Sum Distributions. However, if you have not reached minimum retirement age, report your disability payments on the line for "Wages, salaries, tips, etc." Also report on that line corrective distributions of excess deferrals, excess contributions, or excess aggregate contributions.

If you received a death benefit payment made by an employer because you are the beneficiary of a deceased employee and the payment was not made from the employer's pension, profit-sharing, or retirement plan, report this amount, less any allowable death benefit exclusion, on FORM 1040 on the line for "Other income." See PUB. 525, Taxable and Nontaxable Income.

If an insurance contract has been transferred to another trustee or contract issuer, an amount will be shown in this box and Code 6 will be shown in Box 7. You need not report this on your tax return.

BOX 2a.-This part of the distribution is generally taxable. However, if there is no entry in this box, the payer may not have all the facts needed to figure the taxable amount. In that case, the first box in box 2b should be marked. You may want to get one of the following publications from the IRS to help you figure the taxable amount: PUB. 571, Tax-Sheltered Annuity Programs for Employees of Public Schools and Certain Tax-Exempt Organizations, PUB. 575, PUB. 590, PUB. 721, Tax Guide to U.S. Civil Service Retirement Benefits, or PUB. 939, Pension General Rule (Nonsimplified Method). For an IRA distribution, see IRAs on this page. For a direct rollover, zero should be shown and should be entered on the "Taxable income" line of your tax return.

If this is a total distribution and you were born before 1936 (or you are the beneficiary of someone born before 1936), you may be eligible for the 5- or 10-year averaging method. See FORM 4972 for more information. The 5- or 10-year averaging does not apply to IRAs or tax-sheltered annuities.

BOX 2b.-If the first checkbox is marked, the payer was unable to determine the taxable amount, and Box 2a should be blank unless this is an IRA distribution. If the second checkbox is marked, the distribution was a total distribution that closed out your account.

BOX 3.-If you received a lump-sum distribution and you were born before 1936 (or you are the beneficiary of someone born before 1936), you may be able to elect to treat this amount as a capital gain. See the instructions for FORM 4972. For a charitable gift annuity, this is the amount of any long-term capital gain.

BOX 4.-This is the amount of Federal income tax withheld on the distribution. INCLUDE THIS ON YOUR INCOME TAX RETURN AS TAX WITHHELD, AND, IF BOX 4 SHOWS AN AMOUNT OTHER THAN ZERO, ATTACH COPY B TO YOUR RETURN. Generally, if you will receive payments next year that are not eligible rollover distributions, you can change your withholding or elect not to have income tax withheld by giving the payer FORM W-4P, Withholding Certificate for Pension or Annuity Payments.

BOX 5.-Generally, this shows the employee's investment in the contract (aftertax contributions), if any, recovered tax free this year; the part of premiums paid on commercial annuities or insurance contracts recovered tax free; or the nontaxable part of a charitable gift annuity. This box does not show any contributions to an IRA or SEP.

BOX 6.-If you received a lump-sum distribution that includes securities of the employer's company, the net unrealized appreciation (NUA) (any increase in value of such securities while in the trust) is taxed only when you sell the securities unless you elect otherwise. See PUB. 575 and the Instructions for FORM 4972. If you did not receive a lump-sum distribution, the amount shown is the NUA attributable to employee contributions, which is not taxed until you sell the securities.

BOX 7.-These codes identify the distribution you received: 1-Early (premature) distribution, no known exception (under age 59 1/2) (See FORM 5329. For a rollover of the entire taxable part of the distribution, do not file FORM 5329. See FORM 1040 or 1040A instructions.); 2-Early (premature) distribution exception applies (under age 59 1/2) (You need not file FORM 5329.); 3-Disability (You need not file FORM 5329.); 4-Death (You need not file FORM 5329.); 5-Prohibited transaction; 6-Section 1035 exchange (a tax-free exchange of insurance contracts); 7-Normal distribution; 8-Excess contributions plus earnings/excess deferrals (and/or earnings) taxable in 1994; 9-PS 58 costs (premiums paid by a trustee or custodian for current insurance protection, taxable to you currently); P-Excess contributions plus earnings/excess deferrals taxable in 1993; A-Eligible for 5- or 10-year averaging; B-Eligible for death benefit exclusion; C-Eligible for both A and B; D-Excess contributions plus earnings/excess deferrals taxable in 1992; E-Excess annual additions under section 415 (Report on your tax return on the line for taxable pension or annuity income. You need not file FORM 5329.); F-Charitable gift annuity; G-Direct rollover to IRA (You need not file FORM 5329.); H-Direct rollover to qualified plan or tax-sheltered annuity (You neeed not file FORM 5329.).

If the IRA/SEP box is marked, you have received an IRA or SEP distribution.

BOX 8.-If you received an annuity contract as part of a distribution, the value of the contract is shown. It is not taxable when you receive it and should not be included in boxes 1 and 2a. When you receive periodic payments from the annuity contract, they are taxable at that time. If the distribution is made to more than one person, the percentage of the annuity contract distributed to you is also shown. You will need this information if you elect the special 5- or 10-year averaging method.

BOX 9.-If a total distribution was made to more than one person, the percentage you received is shown here.

BOXES 10-12.-If state income tax was withheld from the distribution, these boxes may be completed. Box 12 may show the part of the distribution subject to applicable state tax.

X9RB94

☒ CORRECTED (if checked)

PAYER'S name, street address, city, state and ZIP code

PENSION GROUP SETTLEMENTS DEPT
CALL (213) 742-2400
TRANSAMERICA OCCIDENTAL LIFE INS
1150 SOUTH OLIVE STREET
LOS ANGELES, CA 90015

1 Gross distribution $ .00

2a Taxable amount $ .00

OMB No 1545-0119

1993

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

2b Taxable amount not determined ☐ Total distribution ☐

PAYER'S Federal identification number: 95-1060502

RECIPIENT'S identification number: 910-43-5080

3 Capital gain (included in box 2a) $

4 Federal income tax withheld $

RECIPIENT'S name, address, and ZIP code

8225-41-WA
VERNA LOUISE HUBER
4208 218TH EAST
SUMNER, WA 98390

5 Employee contributions or insurance premiums $

6 Net unrealized appreciation in employer's securities $

7 Distribution code: 7 IRA/SEP ☐

8 Other %

9 Your percentage of total distribution %

10 State income tax withheld $

Account number (optional): IND-LIFE

Total employee contributions

11 State/Payer's state number

12 State distribution $

Copy C

For Recipient's Records

This information is being furnished to the Internal Revenue Service.

Keep this copy for your records.

Form **1099-R**

Department of the Treasury - Internal Revenue Service

☒ CORRECTED (if checked)

PAYER'S name, street address, city, state and ZIP code

PENSION GROUP SETTLEMENTS DEPT
CALL (213) 742-2400
TRANSAMERICA OCCIDENTAL LIFE INS
1150 SOUTH OLIVE STREET
LOS ANGELES, CA 90015

1 Gross distribution $ .00

2a Taxable amount $ .00

OMB No 1545-0119

1993

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

2b Taxable amount not determined ☐ Total distribution ☐

PAYER'S Federal identification number: 95-1060502

RECIPIENT'S identification number: TG HOSPITAL 910-43-5080

3 Capital gain (included in box 2a) $

4 Federal income tax withheld $

RECIPIENT'S name, address, and ZIP code

8225-41-WA
VERNA LOUISE HUBER
4208 218TH EAST 532-34-0754
SUMNER, WA 98390

5 Employee contributions or insurance premiums $

6 Net unrealized appreciation in employer's securities $

7 Distribution code: 7 IRA/SEP ☐

8 Other %

9 Your percentage of total distribution %

10 State income tax withheld $

Account number (optional): IND-LIFE

Total employee contributions

11 State/Payer's state number

12 State distribution $

Copy 2

File this copy with your state, city, or local income tax return, when required.

Form **1099-R**

X4038

Department of the Treasury - Internal Revenue Service

Instructions for Recipient (Continued from above.)

BOX 1.-Shows the total amount you received this year. The amount may have been a direct rollover or received as periodic payments, as nonperiodic payments, or as a total distribution. Report this amount on FORM 1040 or 1040A on the line for "Total IRA distributions" or "Total pensions and annuities" (or the line for "Taxable amount"), whichever applies, unless this is a lump-sum distribution and you are using FORM 4972, Tax on Lump-Sum Distributions. However, if you have not reached minimum retirement age, report your disability payments on the line for "Wages, salaries, tips, etc." Also report on that line corrective distributions of excess deferrals, excess contributions, or excess aggregate contributions.

If you received a death benefit payment made by an employer because you are the beneficiary of a deceased employee and the payment was not made from the employer's pension, profit-sharing, or retirement plan, report this amount, less any allowable death benefit exclusion, on FORM 1040 on the line for "Other income." See PUB. 525, Taxable and Nontaxable Income.

If an insurance contract has been transferred to another trustee, an amount will be shown in this box and Code 6 will be shown in Box 7.

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If this is a total distribution, you may be eligible for the 5- or 10-year averaging method. See FORM 4972, for more information. The 5- or 10-year averaging does not apply to IRAs or tax-sheltered annuities.

BOX 2b.-If an "X" is entered in the first checkbox, the payer was unable to determine the taxable amount, and Box 2a should be blank unless this is an IRA distribution. If an "X" is entered in the second checkbox, the distribution was a total distribution that closed out your account.

BOX 3.-If you received a lump-sum distribution and you were born before 1-1-36, you may be able to elect to treat this amount as a capital gain. See the instructions for FORM 4972. For a charitable gift annuity, this is the amount of any long-term capital gain.

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